

Time to strengthen HIV treatment and prevention for youth

In *The Lancet HIV*, Mhairi Maskew and colleagues¹ use data from a large national laboratory database in South Africa to examine trends in access to public sector HIV treatment programmes by children and adolescents aged 1–19 years between 2005 and 2016. The authors should be congratulated for highlighting important findings using national data in this often underexamined population, information that is needed to mount a national response. The authors report a ten times increase in the number of adolescents with viral load data, suggestive of antiretroviral therapy (ART) use, between 2005–08 and 2013–16. Prevention of mother-to-child transmission has worked remarkably well, with patients starting ART steadily decreasing since 2011 among patients aged 1–14 years.¹ However, in line with global trends, the authors also identified large gaps in ART initiation among adolescents with presumed horizontal infection; less than half of patients seeking care aged 15–19 years started ART.¹

South Africa is the country with the largest number of people living with HIV in the world.² The increase in adolescents who started treatment since 2008 is a testament to the scale-up of the HIV treatment programme. In September, 2016, the South African Government began to implement “test and start”, making ART available to anyone with HIV. Despite substantial changes in treatment guidelines, barriers to HIV care and treatment still hinder adolescents living with HIV. In 2015, HIV was the second leading natural cause of death among people aged 15–24 years in South Africa,³ with HIV-related deaths rising among adolescents.⁴ In sub-Saharan Africa, testing uptake among adolescents is alarmingly low.⁵ In 2016, only 49% of adolescents aged 15–19 years reported ever being tested for HIV.⁶ Adolescents cite many barriers to testing, including low perception of infection risk, not having been offered a

test, fear of stigmatisation, fear of knowing their status, and fear of breach of confidentiality of test results.^{5,7} Furthermore, adolescents who identify as members of key populations for HIV susceptibility are far less likely to access testing and care services.⁷

While HIV testing is a major gap in the HIV care cascade, linkage to care for HIV-infected adolescents also falls far short of the 90% target set by UNAIDS, as highlighted by Maskew and colleagues.¹ While the analysis in this paper estimates that less than half of adolescents aged 15–19 years in care started ART,¹ a meta-analysis of adolescent studies in South Africa estimated that only 14% of HIV-positive adolescents are on ART and just 10% are virally suppressed.² Among HIV-positive adolescents around the world, barriers that contribute to poor linkage to and retention in care include concerns about stigma, perceived lack of confidentiality at clinics, lack of knowledge and experience with health services, poor treatment by health-care providers, denial about HIV diagnoses, and lack of adolescent-friendly services.^{8,9}

The research presented by Maskew and colleagues¹ starts with adolescents who have engaged with the HIV care system in South Africa. Given gaps in testing and linkage to care, the number of HIV-positive adolescents not in care reported here is likely an underestimate. Nevertheless, the point of this study is clear, adolescents are being left behind by treatment programmes in significant numbers. With an expanding global adolescent population, the high HIV incidence among adolescents, and the gap in HIV treatment services, the findings here emphasise the need to not only strengthen care programmes but to also prevent new HIV infections if programmes are to care for all people living with HIV.

Few evidence-based interventions exist to improve linkage to and retention in care for adolescents, and even

Published Online
October 1, 2019
[https://doi.org/10.1016/S2352-3018\(19\)30232-2](https://doi.org/10.1016/S2352-3018(19)30232-2)
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fewer have been taken to scale; this must change if we want to see reductions in new infections and alter the course of the HIV epidemic.¹⁰ To address the adolescent epidemic, we must understand the problem. Maskew and colleagues¹ take an important step in highlighting that the battle against HIV is far from over and that government, donors, programmes, and researchers must act with urgency to develop, test, and implement evidence-based interventions to prevent new infections and improve access to and maintenance of care for adolescents.

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We declare no competing interests.

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